

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

FOR USE WITH FORM PTO-3759

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	11	←	16	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	12		18				TOTAL CLAIMS						

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